

2025

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		Bureau of Vital Statistics		STATE FILE NO. 529	
1. PLACE OF DEATH				COUNTY <u>Pinal</u> STATE <u>ARIZONA</u> REGISTERED NO. <u>36</u>			
TOWNSHIP <u>Florence</u> OR VILLAGE _____				CITY <u>Florence</u> NO. _____ ST. _____ WARD _____			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) _____				IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Josefa Villa</u>				HOW LONG IN U. S. OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>Florence</u> ST. _____ WARD _____				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) _____			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WID. OWED, OR DIVORCED. (WRITE THE WORD) <u>Widow</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27 - 1879</u>							
7. AGE <u>58</u> YEARS MONTHS _____ DAYS _____		IF LESS THAN 1 DAY, _____ HRS. _____ MIN.					
OCCUPATION		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____					
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Los Angeles California</u>							
FATHER		13. NAME <u>Rosendo Castro</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Los Angeles California</u>							
MOTHER		15. MAIDEN NAME <u>Laura Bonilla</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Los Angeles California</u>							
17. INFORMANT (ADDRESS) <u>Superior Drug</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Florence</u> DATE <u>4-24-1937</u>							
19. EMBALMER		LICENSE NO. <u>2148</u>					
FUNERAL DIRECTOR		SIGNATURE <u>J. B. Stewart</u>					
ADDRESS <u>Superior Drug</u>							
20. FILED <u>Apr 24 1937</u> <u>J. B. Stewart</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4-23-1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>2-14-35</u> , 19 <u>35</u> , TO <u>4-23-37</u> , 19 <u>37</u>							
I LAST SAW HIM ALIVE ON <u>4-23</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:30 A.</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Coronary Nephritis</u>							
DATE OF ONSET _____							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>37</u>							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____							
IF SO, SPECIFY: <u>J. B. Stewart M.D.</u>							
(SIGNED) _____ M. D.							
(ADDRESS) <u>Florence, Ariz.</u>							